

REQUEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 91675005	FILING DATE			
						APPLICANT(S)				
						CLAIMS				
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51			
2		/					52			
3		/					53			
4		/					54			
5		/					55			
6		/					56			
7		/					57			
8	/						58			
9		/					59			
10		/					60			
11		2					61			
12		/					62			
13		/					63			
14		/					64			
15		/					65			
16		/					66			
17	/						67			
18		/					68			
19	/						69			
20		2					70			
21	/						71			
22		/					72			
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42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	7						TOTAL IND.			
TOTAL DEP.	21	↓	↓	↓			TOTAL DEP.	↓	↓	↓
TOTAL CLAIMS	28						TOTAL CLAIMS			